(a) what is Government's reaction to the resurgence of malaria;

(b) whether it is a fact that the delta districts of East Godavari, West Godavari and Krishna in Andhra Pradesh are badly affected by malaria;

(c) whether Government have taken any steps to control malaria; and

(d) whether any additional funds have been made available to State Governments to combat malaria?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) The Government introduced the modified plan of operation for control of malaria in 1977 after its resurgence and the annual incidence has stabilised at level of 2 million cases since 1984 as against 6.47 million cases in 1976.

(b) No, Sir.

(c) The following steps are being taken in this regard :—

1. *ANTI-VECTOR MEASURES*

(A) Chemical Methods

— Spraying with appropriate insecticides like DDT/BHC/ Malathion.

— Field trials with synthetic pyrethroids in selected areas in the country.

— Weekly application of anti-larval chemicals in water bodies in Urban areas.

(B) Biological methods

— Introduction of larvivorous fishes, wherever feasible.

— Trials with Biocides as effective anti-larval measures.

2. *ENVIRONMENTAL METHODS*

— Environmental modification and manipulations are being undertaken to effectively contain mosquito breeding.

3. *ANTI-PARASITIC MEASURES*

— Case detection and prompt treatment.

— Research on newer anti-malaria drugs for treatment of Chloroquine resistant P. falciparum malaria.

(d) Against the central assistance of Rs. 72.63 crores during 1991-92, an amount of Rs. 97.80 crores was released to the State Governments during 1992-93 for control of malaria.

Primary Health Centres for Rural Population

3959. SHRI TINDIVANAM G. VENKATRAMAN:
SHRI J. S. RAJU:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether all the rural population would have their primary health centres for mustering the health of people by 1994;

(b) the number of villages having PHCs and how many villages are likely to get PHCs;

(c) when all village PHCs would be completed within a stipulated period, if any?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) to (c) As against the total requirement of 23097 PHCs for rural areas, 20738 PHCs are already in position. By the end of 8th Five Year Plan, it is envisaged that country will have the total number of PHCs required.

Import of Copper Ts

3960. SHRI V. GOPALSAMY:
SHRI VIDUTHALAI VIRUMBI:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Government have imported Copper Ts worth over $ 5 million for its family planning programme;

(b) if so, the details thereof including the number of Copper Ts, the name of the firm and also the mode of payment made to the firm;

(c) the number of Copper Ts presently lying unused at Hindustan Latex Limited, Trivandrum since when and the reasons for not using them;

(d) whether these Copper Ts are as per specifications, if not the details;

(e) whether any steps have been taken since to recover the amount paid to the American firm;

(f) whether the firm has been blacklisted for not supplying good quality Copper Ts; and

(g) whether any high level probe has been conducted into the whole issue to fix responsibility, if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND): (a) and (b) 5.25 million pieces of Copper T components at various stages of assembly were received from M/s. Finishing Enterprises

Inc., USA as Commodity Assistance through UNFPA.

(c) and (d) All these components were received between December, 1990 and March, 1991. Except for 0.47 million pieces used for training and trial production, the rest are lying un-utilised at Hindustan Latex Ltd., Trivandrum as some of these components on testing in India were found not conforming to US-FDA approved Population Council Standards as per terms of the agreement.

(e) As the components have been received as commodity assistance through United Nations Population Fund (UNFPA), they were requested to take back the components but they regretted their inability to do so.

(f) and (g) No, Sir. A technical committee constituted under the Chairmanship of Drugs Controller (India) has, after testing the components, made recommendations that components, which conform to Bureau of India Standards Specifications (BIS) may be used in the National Family Welfare Programme.

Workers Suffering from Asbestos Related Disease

3961. SHRI MENTAY PADMANABHAM : Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state :

(a) whether Government have taken steps to protect the health of workers who are involved with the manufacture of asbestos;

(b) the number of people estimated to be suffering from asbestos related diseases; and

(c) which are the States where workers are worst affected by such diseases connected with the asbestos industry ?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI B. SHANKARANAND) : (a) Yes, Sir.

(b) and (c) According to Indian Council of Medical Research, studies carried out by the National Institute of Occupational Health, Ahmedabad, at asbestos cement factories in Ahmedabad, Hyderabad, Coimbatore and Bombay and among mining and milling workers at Cuddappa have shown a prevalence of asbestosis of about 3.5%—5% among asbestos cement workers, 3.3% among mine workers and 21.1% among milling workers.

आन्ध्र प्रदेश में नेत्र-बैंक

3962. **डा० एन० तुलसी रेड्डी** : क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि :

(क) आन्ध्र प्रदेश के कितने सरकारी अस्पतालों में नेत्र-बैंक हैं और उनका ब्यौरा क्या है;

(ख) क्या वर्ष 1993-94 में आन्ध्र प्रदेश में कुछ और नेत्र-बैंक खोले जाने का कोई प्रस्ताव है;

(ग) यदि हां, तो उसका ब्यौरा क्या है; और

(घ) यदि नहीं, तो उसके क्या कारण हैं ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानन्द) : (क) आन्ध्र प्रदेश सरकार द्वारा चलाए जा रहे निम्नलिखित 6 अस्पतालों में नेत्र-बैंक खोले गए हैं :—

(i) सरोजनी देवी नेत्र अस्पताल, हैदराबाद ।

(ii) उसमानिया जनरल अस्पताल, हैदराबाद ।

(iii) गवर्नमेन्ट गान्धी अस्पताल, सिकन्दराबाद ।

(iv) क्षेत्रीय नेत्र अस्पताल, कुर्नूल ।

(v) क्षेत्रीय नेत्र अस्पताल, गुन्टूर ।

(vi) क्षेत्रीय नेत्र अस्पताल, विशाखापतनम ।

(ख) से (घ) आन्ध्र प्रदेश सरकार से नए नेत्र-बैंक खोलने संबंधी कोई प्रस्ताव प्राप्त नहीं हुआ है । राज्य सरकार इस संबंध में वार्षिक प्राथमिकताओं का निर्धारण करती है ।

राजस्थान के सवाई माधोपुर जिले में परिवार कल्याण कार्यक्रम का कार्यान्वयन

3963. **श्री मूलचन्द मीणा** : क्या **स्वास्थ्य और परिवार कल्याण** मंत्री यह बताने की कृपा करेंगे कि :

(क) क्या सवाई माधोपुर जिले में परिवार कल्याण कार्यक्रम को कार्यान्वित करने के लिए विशेष अभियान चलाने की कोई योजना है;

(ख) क्या आदिवासी बहुल सवाई माधोपुर जिले में किसी स्वैच्छिक संगठन को अनुदान देने के मामले में कोई पहल की गई है; और

(ग) क्या राजस्थान में परिवार कल्याण के लिए किसी आदिवासी संगठन को अनुदान दिया गया है ?

स्वास्थ्य और परिवार कल्याण मंत्री (श्री बी० शंकरानन्द) : (क) सामाजिक सुरक्षा नेट योजना के अन्तर्गत 1992-93 में सवाई माधोपुर जिले में सुदृढ़ीकरण करने हेतु 5 प्राथमिक स्वास्थ्य केन्द्रों का चयन किया गया है तथा 1993-94 के लिए 5 प्राथमिक स्वास्थ्य केन्द्रों का निर्धारण कर लिया गया है । संस्थागत प्रसवों को बढ़ावा देने तथा मातृ मृत्यु में कमी लाने के लिए एक ऑपरेशन थियेटर, प्रसव कक्ष, एक महिला चेकित्सक आदि की व्यवस्था करने के लिए 1992-93 के दौरान 5 प्राथमिक स्वास्थ्य केन्द्रों के लिए प्रति प्राथमिक स्वास्थ्य केन्द्र 10 लाख रुपये स्वीकृत किए गए हैं ।

(ख) स्वैच्छिक संगठनों को वित्तीय सहायता की योजना के अंतर्गत स्वैच्छिक संगठनों द्वारा वित्तीय सहायता ली जा सकती